

HBP2556109

Renewal of Number

\*\*\* RENEWAL CERTIFICATE \*\*\*

Customer Copy  
Direct Bill Policy  
Service Center Policy

POLICY DECLARATIONS

Mount Vernon Fire Insurance Company

1190 Devon Park Drive, Wayne, Pennsylvania 19087

A Member Company of United States Liability Insurance Group

No. HBP2556109A

NAMED INSURED AND ADDRESS:

DOUG AND JENNIFER VAN DER WEIDE (SANTA DOUG LLC)

12805 HAVENWOOD CT.  
CEDAR LAKE, IN 46303

POLICY PERIOD: (MO. DAY YR.) From: 09/01/2024 To: 09/01/2025

12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

FORM OF BUSINESS:

BUSINESS DESCRIPTION: Entertainers

**IN CONSIDERATION OF THE RENEWAL PREMIUM STATED BELOW, EXPIRING POLICY NUMBER HBP2556109 IS RENEWED FOR THE POLICY PERIOD STATED ABOVE. PLEASE ATTACH THIS RENEWAL CERTIFICATE TO YOUR EXPIRING POLICY.**

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.  
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

|  | PREMIUM  |
|--|----------|
| Businessowners Liability Coverage Part | \$183.00 |
| Businessowners Property Coverage Part  | \$50.00  |


**TOTAL: \$233.00**

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue

**See Endorsement EOD (1/95)**

Agent: TALBERT INSURANCE SERVICES (1867)  
3473 Satellite Boulevard, Suite 114N  
Duluth, GA 30096

Issued: 08/30/2024 10:45 AM

By:   
Authorized Representative

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

## EXTENSION OF DECLARATIONS

Policy No. HBP2556109A

Effective Date: 09/01/2024

12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS

### FORMS AND ENDORSEMENTS

**The following forms apply to multiple coverage parts**

| <i>Endt#</i>                | <i>Revised</i> | <i>Description of Endorsements</i>  |
|-----------------------------|----------------|---|
| 2110IN                      | 10/19          | Indiana Service of Suit   |
| BP-104                      | 12/20          | Exclusion of Certified Acts of Terrorism  |
| BP-107                      | 04/08          | Actual Cash Value Definition  |
| BP-117                      | 06/08          | Section IV -Errors And Omissions Liability Insurance Coverage Form  |
| BP-15                       | 07/04          | Business Income And Extra Expense Limit   |
| BP-152                      | 01/13          | Separation of Insureds Clarification Endorsement  |
| BP-168                      | 11/11          | Exclusion - Injury To Performers Or Entertainers  |
| BP-40                       | 03/11          | Molestation Or Abuse Exclusion  |
| BP-47                       | 11/10          | "Equipment Breakdown" Enhancement Endorsement   |
| BP-48                       | 05/16          | Exclusion Asbestos, Lead Contamination, Absolute Pollution, Mold, Fungus, Bacteria, Virus And Organic Pathogen                                      |
| BP-49                       | 01/13          | Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead   |
| BP-507                      | 04/17          | Exclusion - Unmanned Aircraft   |
| BP-77B                      | 03/11          | Amendment Of Premium Audit Conditions   |
| BP-88                       | 04/06          | Expanded Definition Of Bodily Injury  |
| BP-90                       | 11/10          | Amended Definition  |
| BP0003                      | 01/10          | Businessowners Coverage Form  |
| BP0135                      | 11/21          | Indiana Changes   |
| BP0417                      | 01/10          | Employment-Related Practices Exclusion  |
| BP1071                      | 02/08          | Indiana Changes - Pollution Exclusion   |
| BP1445                      | 12/10          | Indiana Changes - Workers' Compensation Exclusion   |
| BP1505                      | 05/14          | Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data -Related Liability - Limited Bodily Injury Exception Not Included |
| BP1560                      | 02/21          | Cyber Incident Exclusion  |
| * BP1591                    | 12/23          | Exclusion - Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS)  |
| CV TRIADN                   | 12/20          | Policyholder Disclosure Notice of Terrorism   |
| HBP-100                     | 05/08          | Integration Endorsement   |
| HBP-107                     | 08/08          | Retroactive Date Endorsement  |
| Jacket                      | 07/19          | Policy Jacket   |
| L 541                       | 12/20          | Extension of Terrorism Coverage   |
| L-367                       | 08/03          | Minimum Earned Premium Endorsement  |
| Notice-CyberIncidentExcl-BP | 01/21          | Cyber Incident Exclusion Endorsement - Advisory Notice to Policyholder  |

Endorsements marked with an asterisk (\*) have been added to this policy or have a new edition date and are attached with this certificate.

**BUSINESSOWNERS PROPERTY COVERAGE PART DECLARATIONS**

**Policy No. HBP2556109A**

Effective Date: 09/01/2024  
12:01 STANDARD TIME

**DESCRIPTION OF PREMISES**

| <i>Prem</i> | <i>Bldg</i> | <i>Location, Construction, Occupancy and Other Information</i> | <i>Territory</i>         | <i>Fire Code</i> |
|-------------|-------------|--|--------------------------|------------------|
| 1           | 1           | 12805 Havenwood Ct., Cedar Lake, IN 46303                      | 006                      | 0702             |
|             |             | Description: <b>Entertainers</b>                               |                          |                  |
|             |             | Covered Causes of Loss: <b>Special</b>                         | Protection Class         | <b>4</b>         |
|             |             | Construction: <b>Frame</b>                                     | Square Footage:          |                  |
|             |             | Special Deductible: <b>None</b>                                | Special Deductible Type: |                  |

**COVERAGES PROVIDED - INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN**

| <i>Prem</i>   | <i>Bldg</i> | <i>Coverage</i>                           | <i>Limits of Insurance</i> | <i>Deductible</i> | <i>Coinsurance % or Monthly Indemnity</i> | <i>+ Valuation</i> | <i>Premium</i>  |
|---|-------------|---|----------------------------|-------------------|---|--------------------|-----------------|
| All   |             | <b>Terrorism Coverage</b>                 |                            | <b>\$0</b>        |   |                    | <b>Included</b> |
| 1   | 1           | <b>Business Income with Extra Expense</b> | <b>\$1,750</b>             | <b>\$0</b>        |   | <b>ALS</b>         | <b>Included</b> |
| 1   | 1           | <b>Business Personal Property</b>         | <b>\$5,000</b>             | <b>\$500</b>      |   | <b>RC</b>          | <b>\$50</b>     |
| 1   | 1           | <b>Equipment Breakdown</b>                | <b>Included</b>            | <b>\$500</b>      |   |                    | <b>Included</b> |
| <b>MINIMUM PREMIUM FOR PROPERTY COVERAGE PART:</b>  |             |   |                            |                   |   |                    | <b>\$50</b>     |
| <b>TOTAL PREMIUM FOR PROPERTY COVERAGE PART:</b>  |             |   |                            |                   |   |                    | <b>\$50 MP</b>  |
| MP - minimum premium  |             |   |                            |                   |   |                    |                 |
| + Valuation: ACV - Actual Cash Value; RC - Replacement Cost; RC/ACV - Replacement Cost/ACV Roof<br>FBV - Functional Building Value; AA - Agreed Amount; ALS - Actual Loss Sustained |             |   |                            |                   |   |                    |                 |

**LOSS PAYABLE(S): NONE**

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

**See Endorsement EOD (01/95)**

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

**BUSINESSOWNERS GENERAL LIABILITY COVERAGE PART DECLARATIONS**

**Policy No. HBP2556109A**

Effective Date: 09/01/2024  
12:01 STANDARD TIME

**LIMITS OF INSURANCE**

|  |                    |
|--|--------------------|
| Liability and Medical Expenses                       | <b>\$1,000,000</b> |
| Medical Expense (per person)                         | <b>\$5,000</b>     |
| Damages To Premises Rented To You (Any One Premises) | <b>\$50,000</b>    |
| Errors and Omissions Limit                           | <b>\$25,000</b>    |

An Aggregate Limit of Liability applies to this Coverage as defined in SECTION II - LIABILITY, paragraph D.4. of the Businessowners Coverage Form.

**LIABILITY DEDUCTIBLE** **\$0**

**LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY**

| <i>Location</i> | <i>Address</i>                            | <i>Territory</i> |
|-----------------|---|------------------|
| 1               | 12805 Havenwood Ct., Cedar Lake, IN 46303 | 006              |

**PREMIUM COMPUTATION**

| <i>Loc</i> | <i>Classification</i>   | <i>Code No.</i> | <i>Premium Basis</i>   | <i>Pr/Co</i> | <i>Rate</i>      |              | <i>Advance Premium</i> |          |
|------------|---|-----------------|------------------------|--------------|------------------|--------------|------------------------|----------|
|            |   |                 |                        |              | <i>All Other</i> | <i>Pr/Co</i> | <i>All Other</i>       |          |
| 1          | Terrorism Coverage  | 08811           | 0% of prem. (\$183)    |              |                  |              |                        | Included |
| 1          | Errors and Omission   | 72992           | Flat                   | 0.000        | 0.000            | Included     |                        | Included |
| 1          | Entertainers - operating out of the insured's primary residence | 42791           | 10,000 Per 1,000 Sales | 0.000        | 3.654            | \$0          |                        | \$183 MP |

**MINIMUM PREMIUM FOR GENERAL LIABILITY COVERAGE PART: \$183**

**TOTAL PREMIUM FOR GENERAL LIABILITY COVERAGE PART: \$183 MP**

(This Premium may be subject to adjustment.) **MP - minimum premium**

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

**See Form EOD (01/95)**

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